MAXIMUS Federal Services

Case Number:	CM14-0101469		
Date Assigned:	07/30/2014	Date of Injury:	05/31/2012
Decision Date:	10/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 41-year-old individual was reportedly injured on May 31, 2012. The mechanism of injury is noted as a cumulative trauma type event. The most recent progress note, dated May 6, 2014 indicates that there are ongoing complaints of neck and back pain. The physical examination demonstrated tenderness to palpation the posterior cervical spine, a decrease cervical spine range of motion, motor function being 5-/5 in the bilateral upper extremities. Diagnostic imaging studies objectified minimal ordinary disease of life degenerative changes in the cervical spine, and postoperative changes in lumbar spine. Previous treatment includes multiple medications, injection therapies, physical therapy, and pain management interventions. A request had been made for a king size bed and was not certified in the pre-authorization process on June 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tempurpedic cloud luxe king bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back (updated 5/12/14)Mattress selection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Updated September, 2014

Decision rationale: The MTUS and ACOEM do not address this topic. The parameters noted in the ODG were used. As for the ODG, there is no recommendation that demonstrate that the firmness of a mattress has any efficacy whatsoever of treating low back or neck pain. Therefore, based on the clinical ration presented for review this request is not medically necessary.